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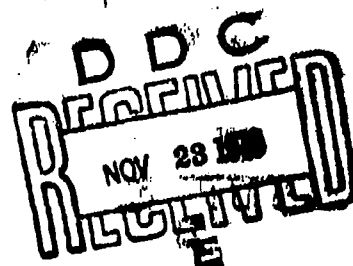
MEN TREATED AT THE NAVY'S ALCOHOL CENTERS

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REPORT NO. 75-41

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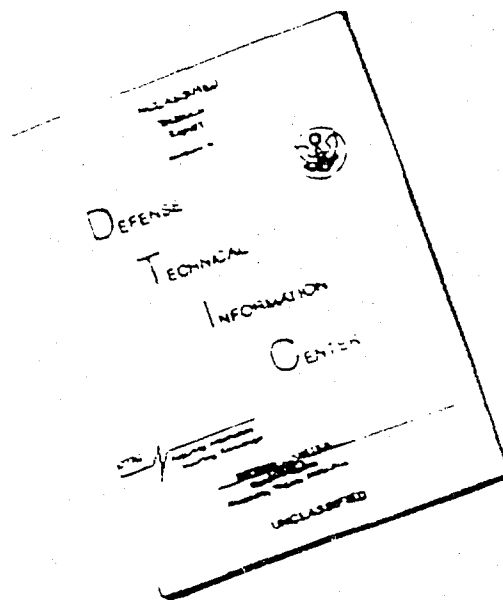
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ABSTRACT

A NOTE ON HOSPITALIZATION AND DISCHARGE RATES OF MEN
TREATED AT THE NAVY'S ALCOHOL CLINICS

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Two pilot studies explored the effect of treatment at an Alcoholic Rehabilitation Center (ARC) on subsequent military performance of alcoholics in the naval services. In the first, 322 men were followed to determine the rate of successful completion of their military enlistment. Sixty-eight percent (68%) of the men effectively completed their military enlistment or were on active duty two years later. In the second, 161 of the original 322 men had been on duty at least four years before treatment for alcoholism. In these 161 cases, number of sick days after ARC treatment was three times less than before ARC. Thus, by increasing the potential for these men to remain on active duty effectively, the ARC program deserves full support in the naval services.

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In a recent review of effectiveness of the Navy's Alcohol Rehabilitation Center (ARC) in Long Beach, California, Edwards, Bucky and Schucklt (1) reported that patients showed decreases in the expression of anger and hostility, and had fewer somatic complaints following return to duty. The patient also showed a better ability to express trust in, and to relate to others with greater emotional stability. These findings were based upon the responses of the patients to the Comrey and the Spielberger scales.

The purpose of this paper is to describe two more objective indices of successful treatment in the ARC: the first is reflected in the types of discharges ultimately given to graduates of the ARC, and the second consists of changes in number of sick days before and after ARC treatment. Three hundred twenty two men who received treatment at the ARC during 1972 and '73, and who were subsequently separated from active duty service, were identified. As in previous research reported by the NHRC, a man was considered to have rendered effective service if, upon completion of his enlistment contract, he was recommended for reenlistment by his Commanding Officer. Using this criterion, a sailor was considered to have rendered non-effective service if he was prematurely separated by the reasons of unsuitability, unfitness, misconduct, undesirability or by sentence of court martial.

Effective post-ARC Review

Using these measures, 174 (54%) would be considered to have rendered effective service following their treatment at the ARC. Eighty nine men (28%) demonstrated non-effective post ARC treatment service by virtue of the nature of their discharge.

(In 14% of the cases, it was unclear as to whether to classify them as effective or non-effective based upon the nature of the discharge and they are not included in this analysis.)

Hospitalization Rates

Patients considered in this phase were 161 from the larger sample of 322 for whom active duty data were available for a period of four years prior to their admission to ARC. The medical records were examined to determine the reasons for and length of hospitalization before and after the men were afforded the treatment and rehabilitation services of ARC. A comparison of admission to the sick list for the time period two years before going into the ARC with hospitalization after the ARC reveals a significant decrease after ARC treatment and rehabilitation. This is evidenced by the following measures: (a) 56% of the men were hospitalized in the two year pre-ARC time frame, while only 31% required hospitalization during the first two years upon returning to duty from ARC. Looking at the four years before ARC, we find that 38% of the men were hospitalized as contrasted with only 11% for more than two years of service after return to duty from ARC.

Another way to dramatize this is the finding that in the two years before ARC, these 161 patients spent a total of 4,251 days on the sick list, but only 1,985 days in the two years following their return to duty. As the time period before and after the ARC is extended beyond the two year limit, we then find 1,565 days before ARC treatment and only 650 days afterward. The men spent an average of 52 days in the ARC.

Comment

From the foregoing, it is obvious that affording the men admitted to the ARC an average of less than two months counseling and treatment has resulted in striking changes. The fact that these changes included alterations in the attitudes of these men towards those more suggestive of emotional maturity is, of course, very encouraging. Of even greater importance, however, is the fact that these attitude changes were maintained for at least the first six months of post ARC duty. It is considered that these changes and their stability is largely responsible for the dramatically reduced post-ARC hospitalization. It is rewarding to be able to report this kind of success in a program which has had, perhaps, uneven acceptance in the naval services.

References

1. Edwards, D., Bucky S. F., and Schuckit, M. Personality and Attitude Change for Alcoholics Treated at the Navy's Alcohol Rehabilitation Center, 1975. Journal of Community Psychology. (in press).

Footnotes

¹Report #75-41 supported by the Bureau of Medicine and Surgery, Department of Navy, under research work unit #M4305.07-3013. Opinions expressed are those of the authors and not to be construed as necessarily reflecting the official view or endorsement of the Department of the Navy.

²Requests for reprints should be sent to Steven F. Bucky, Naval Alcohol Rehabilitation Center, Naval Station, Box 30, San Diego, California 92136.

Unclassified

SECURITY CLASSIFICATION OF THIS PAGE (When Data Entered)

NAVY HEALTH RESEARCH CENTER - REPORT DOCUMENTATION PAGE

READ INSTRUCTIONS
BEFORE COMPLETING FORM

1. REPORT NUMBER

75-41

2. GOVT ACCESSION NO.

3. REPORT'S CATALOG NUMBER

4. AUTHOR (Last and First Name)

A Note on Hospitalization and Discharge Rates of Men Treated at the Navy's Alcohol Center

5. TYPE OF REPORT & PERIOD COVERED

Final Report

6. PERFORMING ORG. REPORT NUMBER

7. AUTHOR

Steven F. Bucky, Darrel Edwards, Newell H. Berry

8. CONTRACT OR GRANT NUMBER(s)

9. PERFORMING ORGANIZATION NAME AND ADDRESS

Naval Health Research Center
San Diego, California

10. PROGRAM ELEMENT, PROJECT, TASK AREA & WORK UNIT NUMBERS

MC 303.07-3013

11. CONTROLLING OFFICE NAME AND ADDRESS

Naval Medical Research and Development Command
Bethesda, Maryland 20014

12. REPORT DATE

May 1975

13. NUMBER OF PAGES

5

14. MONITORING AGENCY NAME & ADDRESS (if different from Controlling Office)

Bureau of Medicine and Surgery
Department of the Navy
Washington, DC 20375

15. SECURITY CLASS. (of this report)

unclassified

16a. DECLASSIFICATION/DOWNGRADING SCHEDULE

16. DISTRIBUTION STATEMENT (of this Report)

Approved for public release, distribution unlimited.

17. DISTRIBUTION STATEMENT (of the abstract entered in Block 20, if different from Report)

18. SUPPLEMENTARY NOTES

19. KEY WORDS (Continue on reverse side if necessary and identify by block number)

Alcoholism, Alcoholic Rehabilitation, Outcomes of Alcoholics, Treatment Programs for Alcohol.

20. ABSTRACT (Continue on reverse side if necessary and identify by block number)

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ARC treatment was three times less than before ARC. Thus, by increasing the potential for these men to remain on active duty effectively, the ARC program deserves full support in the naval services.

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